

**THE NAVAJO NATION
DEPARTMENT OF VETERANS AFFAIRS
ADMINISTRATIVE LEAVE REQUEST
TO PERFORM MILITARY FUNERAL HONORS DETAIL**

Employee's Name: _____ Social Security No.: _____

Department Name: _____

INFORMATION ON DECEASED VETERAN

Name of Veteran: _____

Date and time of funeral services/burial: _____

Location of funeral services/burial: _____

Requesting party: _____

FOR NAVAJO DEPARTMENT OF VETERANS AFFAIRS USE ONLY

Is employee a Veteran? ☐ YES ☐ NO

Verified by: _____

Name

Title

Date

FOR EMPLOYER USE ONLY

As the immediate supervisor of the above-named employee, I hereby grant him/her time off as allowed for in the Navajo Nation Personnel Policies Manual regarding Administrative Leave to participate in Military Funeral Honors Detail.

Signature

Date

cc: Employer
Office of the Controller: Payroll Section
Navajo Department of Veterans Affairs